County: Eau Claire
AUGUSTA AREA NURSING HOME
215 BROWN STREET
AUGUSTA 54722 Phone: (715) 286-2266
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 61
Total Licensed Bed Capacity (12/31/00): 62
Number of Residents on 12/31/00: 44

Own Hi g Ope Ti t

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census:

Nonprofit Church-Related Skilled No Yes 46

Services Provided to Non-Residents   Age, Sex, and Primary Diagnosis of Residents ( $12/31/00$ )   Length of Stay ( $12/31/00$ )   Whome Health Care   No    Supp. Home Care-Personal Care   No    Supp. Home Care-Household Services   No    Developmental Disabilities   No    Mental Illness ( $0 \text{ for } 0.0 $	***********	****	*********	*****	*******	******	*********	******
Supp. Home Care-Personal Care         No         Developmental Disabilities         0.0         Under 65         4.5         More Than 4 Years         50.0           Bay Services         No         Mental Illness (0rg. /Psy)         27.3         65 - 74         2.3	Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00	)) %			
Adult Day Health Care Congregate Meals No Cancer Fractures Other Meals No Cerebrovascular Other Service Other Services No Other Services No Other Meals Other Services No Other Meals Other Services No Other Meals Other Meals Other Services No Other Meals No Other Meals Other Service Other Meals Other Service Other Meals Other Service Other Meals Other Service Other Meals Other	Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No No No Yes No No Yes No No Yes No	Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular Cerebrovascular Diabetes Respiratory	27. 3 0. 0 0. 0 6. 8 0. 0 20. 5 18. 2 0. 0 2. 3 2. 3	Under 65 65 - 74 75 - 84 85 - 94 95 & Over 65 & Over Sex	4. 5 2. 3 31. 8 50. 0 11. 4 	1 - 4 Years More Than 4 Years  *******************  Full-Time Equivale Nursing Staff per 100 F (12/31/00)  RNs LPNs Nursing Assistants	50. 0 27. 3  100. 0 **********************************

## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0ther			Private Pay			Managed Care			Percent
			Per Die			Per Die			Per Die			Per Diem			er_Diem		Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
T . C. 111 1 C																	0.00/
Int. Skilled Care	0			1	3.4	\$92. 24	0	0. 0	<b>\$0. 00</b>	U	0.0	<b>\$0. 00</b>	0	0. 0	<b>\$0. 00</b>	1	2. 3%
Skilled Care	1	100. 0	\$214.33	25	86. 2	<b>\$78.</b> 99	0	0. 0	<b>\$0. 00</b>	12	85. 7	\$100.00	0	0. 0	<b>\$0. 00</b>	38	86. 4%
Intermedi ate				3	10. 3	\$65. 74	0	0.0	\$0.00	2	14. 3	\$96.00	0	0.0	\$0.00	5	11.4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	1	100. 0		29	100. 0		0	0.0		14	100.0		0	0.0		44	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 8.5 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 1. 7 Bathi ng 6.8 **75.** 0 18. 2 44 18. 2 Other Nursing Homes 3.4 Dressi ng 13. 6 68. 2 44 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferring 40.9 18. 2 86. 4 40. 9 44 36.4 43.2 0.0 Toilet Use 20. 5 44 0.0 Eating 56. 8 38.6 4. 5 44 Other Locations \*\*\*\*\*\*\*\* 0.0 Total Number of Admissions Continence Special Treatments 59 Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6.8 4. 5 Private Home/No Home Health 17.5 Occ/Freq. Incontinent of Bladder 40.9 0.0 Private Home/With Home Health 12.7 Occ/Freq. Incontinent of Bowel 11.4 0.0 Other Nursing Homes 0.0 0.0 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 50.8 Mobility 0.0 Physically Restrained 0.0 6.8 29.5 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 2. 3 Deaths 19.0 With Pressure Sores Have Advance Directives 95. 5 Total Number of Discharges With Rashes 11.4 Medi cati ons (Including Deaths) Receiving Psychoactive Drugs 52.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownershi p:			Bed	Si ze:	Li ce	ensure:		
	Thi s	Non	profit	50-	99	Ski l	led	Al l	
	Facility Peer Group				Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74. 2	87. 8	0.85	87. 3	0. 85	84. 1	0. 88	84. 5	0. 88
Current Residents from In-County	81. 8	82. 6	0. 99	80. 3	1. 02	83. 5	0. 98	77. 5	1.06
Admissions from In-County, Still Residing	10. 2	25. 9	0. 39	21. 1	0.48	22. 9	0.44	21. 5	0.47
Admi ssi ons/Average Dai ly Census	128. 3	116. 8	1. 10	141.8	0. 90	134. 3	0. 95	124. 3	1.03
Discharges/Average Daily Census	137. 0	117. 3	1. 17	143. 0	0. 96	135. 6	1. 01	126. 1	1.09
Discharges To Private Residence/Average Daily Census	41. 3	43. 9	0. 94	<b>59. 4</b>	0. 70	53. 6	0. 77	49. 9	0.83
Residents Receiving Skilled Care	88. 6	91. 3	0. 97	88. 3	1.00	90. 1	0. 98	83. 3	1.06
Residents Aged 65 and Older	95. 5	97. 1	0. 98	95. 8	1.00	92. 7	1. 03	87. 7	1.09
Title 19 (Medicaid) Funded Residents	65. 9	<b>56</b> . 2	1. 17	57. 8	1. 14	63. 5	1. 04	69. 0	0. 96
Private Pay Funded Residents	31.8	37. 5	0.85	33. 2	0. 96	27. 0	1. 18	22. 6	1.41
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	27. 3	36. 3	0.75	32. 6	0.84	37. 3	0. 73	33. 3	0.82
General Medical Service Residents	25. 0	21. 1	1. 19	19. 2	1. 30	19. 2	1. 30	18. 4	1. 36
Impaired ADL (Mean)	43. 2	50.8	0.85	48. 3	0. 89	49. 7	0.87	49. 4	0.87
Psychological Problems	<b>52.</b> 3	50. 0	1.04	47. 4	1. 10	50. 7	1. 03	50. 1	1.04
Nursing Care Required (Mean)	6. 0	6. 8	0. 88	6. 1	0. 98	6. 4	0. 93	7. 2	0.83